

1749

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

533

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

State File No.

Registrar's No.

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location General  
(If outside city limits also write RURAL) (St. & No. (or Name of Institution))  
(d) Length of Stay: In Hospital or Institution 1 day In Community 3 days In Arizona 3 days  
(Specify whether years, months or days) (e) If foreign born, in U. S. A. yes yrs.  
2. Usual Residence of Deceased: (a) State Arizona; (b) County Yuma (c) City or Town Yuma  
(Specify whether years, months or days) (d) Street No. 4th St & 8th Ave  
(e) If foreign born, in U. S. A. yes yrs.  
3. (a) FULL NAME Tommy Ray Thomas (b) If veteran name was none (c) Social Security No. none  
(If NONE write the word)

4. Sex male 5. Color or Race white 6. (a) Single, married, widowed or divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife, if alive none yrs.

7. Birthdate of deceased Nov. 18 1937  
(Month) (Day) (Year)

8. AGE: Years 3 Months 11 Days 24 If less than one day hrs. min.

9. Birthplace Yuma Arizona  
(City, town or county) (State or Country)

10. Usual Occupation child

11. Industry or Business none

12. Name John E. Thomas

13. Birthplace Alabama  
(City, town or county) (State or Country)

14. Maiden Name Sollie M. Phillips

15. Birthplace Oklahoma  
(City, town or county) (State or Country)

16. (a) Informant's own signature J. E. Thomas

(b) Address Yuma, Arizona

17. (a) Burial, Cremation or Removal Burial

(b) Place Yuma Cemetery (c) Date Jan 14 1941

18. (a) Embalmer's Signature The Johnson Mortuary

(b) Funeral Director The Johnson Mortuary

(c) Address Yuma Arizona

19. (a) January 14 1941  
(Date received local Registrar's Signature)

(b) Mary A. Mufferman  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) January 12 1941  
TIME (Hour and minute) 8:00 P. M.

21. I hereby certify that I attended the deceased from Jan 11 1941 to Jan 12 1941;  
that I last saw him alive on Jan 12 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (Specify type of place)

23. Signature Salmon Eaton M. D.

Address Yuma Ariz. Date signed Jan 13 1941

DURATION

5 days

PHYSICIAN

Underline the cause to which death should be charged statistically.